

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.

Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al

Case No. 18-OP-45132

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.

Case No. 17-OP-45004

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Volume II
Continued deposition of
LORI BAKER-STELLA

May 23, 2019

10:40 a.m.

Taken at:
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1 MR. BLOCK: We're picking up the
2 continued deposition of Detective Baker-Stella.
3 All counsel that were present at the continued
4 deposition of Detective Leonard, whether in
5 person or on the phone, are still here. We've
6 been joined by Sterling Cluff -- I can't
7 remember which firm you are at, Sterling.

8 MR. CLUFF: From Baron & Budd. We
9 represent the City of Cleveland. We're also
10 representing as the PEC, in addition to
11 Mr. Ledlie, who is counsel for Summit.

12 MR. BLOCK: And the DOJ DEA's extern
13 couldn't take it anymore and left.

14 Could you please swear the witness?

15 LORI BAKER-STELLA, of lawful age, called
16 for examination, as provided by the Federal
17 Rules of Civil Procedure, being by me first
18 duly sworn, as hereinafter certified, deposed
19 and said as follows:

20 EXAMINATION OF LORI BAKER-STELLA

21 BY MR. BLOCK:

22 Q. Detective Baker-Stella, nice to see
23 you again.

24 A. Nice to see you.

25 Q. Thanks for coming up to Cleveland.

1 It makes it easier for us to get the three done
2 in a row.

3 Did you do anything to prepare for
4 this portion of your deposition?

5 A. I met with Mr. Ledlie yesterday and
6 on the phone with Bennett.

7 Q. And how long was that meeting?

8 A. A couple hours.

9 Q. Did you do anything else?

10 A. No. Oh, yes. I did review some of
11 my deposition.

12 Q. Did you see anything you needed to
13 change or correct?

14 A. No. Just -- yeah. There was one
15 thing when I said about pill mills and bad
16 doctors being hand in hand, they're about the
17 same. And pill mills are -- we don't have many
18 of those and they're not really hand in hand
19 because pill mills are explained to me and how I
20 explain is where they're, you know, walking out
21 the door, there's a line and that, where bad
22 doctors, that's not always the case. So I just
23 wanted to explain the difference between when I
24 said hand in hand. That's all.

25 Q. Anything else that you saw that

1 needed to be clarified?

2 A. If I think of it, I'll let you know.

3 Q. But not that you can think of right
4 now?

5 A. No.

6 Q. And have you spoken with anyone
7 other than Mr. Ledlie and Mr. Bennett about this
8 case since we last saw you?

9 A. No. Just letting my supervisors
10 know that I was being recalled. That's all.

11 Q. Can you please tell us, Detective
12 Baker-Stella, how many investigations you have
13 worked on since you've been at the TDS?

14 A. Quite a few; quite a few.

15 Q. Is it more than a hundred?

16 A. I would not say more than a hundred
17 since I've started.

18 Q. Is it more than 50?

19 A. That I've worked on? I would -- it
20 would be just an estimated guess, honestly. I
21 don't have the correct number.

22 Q. What's your estimate?

23 A. A lot.

24 Q. Well, how many are you working on
25 right now?

1 A. Quite a few, yeah. Quite a few.

2 Q. Well, how many?

3 A. Well, as I explained in -- prior
4 about how our unit works, that we work our cases
5 together, so that's why it's a lot, because
6 we're doing things on many, many cases.

7 Q. But a lot, like are you working on
8 more than a dozen cases right now?

9 A. Yes. I would -- yes.

10 Q. And do you do about a dozen or so a
11 year?

12 MR. LEDLIE: Object to the form
13 Misstates testimony.

14 MR. BENNETT: Objection. Vague.
15 You can answer.

16 A. When my -- I have a role there at
17 the TDS, and mine is like, on these cases,
18 surveillance and that kind of stuff, executing
19 the search warrants and evidence and all of
20 that, so doing all of that, we work many cases.

21 Q. Do you have --

22 A. I can't give you a number.

23 Q. How many investigations have you
24 worked on at TDS where you've been the lead
25 investigator?

1 A. A handful.

2 Q. So the majority of the work you've
3 done at TDS has been assisting a case where
4 someone else was the lead?

5 A. Yes.

6 Q. When is the first -- what's the
7 right term, lead investigator?

8 A. Yeah, opening the case, lead
9 investigator. I don't have an exact date, but
10 I'm sure once I, you know, started, there was a
11 case that I opened. I can't tell you exactly
12 when.

13 Q. Do you know whether you were the
14 lead investigator for a case before you went to
15 the training at Quantico?

16 A. I don't remember because I don't
17 honestly remember what year I went to Quantico.

18 Q. We may see something that might help
19 jog your memory on that.

20 Have you been the lead agent for a
21 case that involved an investigation into
22 something other than an opioid, so, for example,
23 steroids or cannabinoids?

24 A. Yes. Not lead investigator but co
25 on it, so I was second man. Yeah, it was a

1 steroid case.

2 Q. How many -- is it like a three tier
3 thing, lead agent, co-lead agent, assist?

4 A. No. It would be -- how we open them
5 is, you know, the lead agent and then there's a
6 co-agent, so on that case -- and that was pretty
7 close to me coming to the unit. I was the
8 co-agent on that.

9 Q. How many investigations have you
10 been the co-agent on since you've been at TDS?

11 A. Quite a few. I don't know the exact
12 amount, but quite a few.

13 Q. We're doing good, I think. We're
14 doing well.

15 A handful of times you've been the
16 lead investigator?

17 A. About. Maybe more.

18 Q. Fair enough. I'm just trying to get
19 the -- I'm trying to -- I think the word is
20 taxonomy. There's probably a better word that I
21 can't think of right now. The breakdown.

22 So you got some where you're the
23 lead investigator?

24 A. Um-hum.

25 Q. And then there's some other universe

1 where you're a co-lead?

2 A. Correct.

3 Q. And is there a third set where
4 you're neither the lead nor the co-lead but
5 you're still on the case?

6 A. Oh, absolutely. Any case that is
7 opened.

8 Q. So coming back to where you're the
9 co-lead, do you have a sense as to how often
10 that is?

11 A. Well, I work a lot with Patrick
12 Leonard, so a lot of cases, say, that I would
13 open, you know, I would put him as the co and
14 vice versa.

15 Q. Are there any other agents that
16 you're the co with other than Detective Leonard?

17 A. Yes. I can give -- Agent Parkinson,
18 Tyler.

19 Q. He's at DEA --

20 A. Yes, he is.

21 Q. -- if I remember from last time.

22 A. Yes.

23 Q. Anyone else?

24 A. I believe -- she's retired, but Rene
25 Babic. She was an agent that's retired. I was

1 a co on a few of hers.

2 Q. Was she DEA?

3 A. She was DEA, yes.

4 Q. And now I just want any
5 investigation -- all of the investigations that
6 you worked on, whether lead, co-lead or just
7 assisting. Do you know what percentage or
8 fraction of those involved something other than
9 opioids?

10 A. Again, counterfeit of opioids, but
11 -- no. They would be -- because that's what we
12 specialize in, so --

13 Q. Well, you mentioned you've done a
14 steroid case at least.

15 A. Well, that's -- any schedule drug II
16 to IV is what we investigate at the TDS.

17 Q. I understand that, and I'm trying to
18 get a sense not all II to Vs are opioids.

19 A. Correct.

20 Q. So of the cases you've worked on,
21 what percentage involved schedules that are not
22 opioids?

23 A. Okay. A handful, you know, and,
24 again, those would fall under the steroid cases
25 that we've worked.

1 Q. Have you worked on doctor shopping
2 investigations while at TDS?

3 A. Yes.

4 Q. Have you worked on any pill mill
5 investigations while at TDS?

6 A. Search warrant on the pill mill
7 case.

8 Q. How many? Is that just one case?

9 A. Yes. That would just be the one
10 case that I assisted on the search warrant and
11 an arrest.

12 Q. That case resulted in an arrest?

13 A. It did.

14 Q. Did it result in a conviction?

15 A. It did.

16 Q. Who was the target who --

17 A. Dr. Harper.

18 Q. Have you worked on any other pill
19 mill cases other than Dr. Harper?

20 A. Not of my explanation as I gave of
21 what a pill mill doctor is.

22 Q. And do you know how many doctor
23 shopping investigations you've worked on?

24 A. Again, quite a few. To give an
25 exact number, no.

1 Q. Have you worked on doctor shopping
2 investigations every year you've been at TDS?

3 A. Yeah. There's always a doctor
4 shopper case that's been worked, yeah.

5 Q. And what about have you worked on
6 any investigations involving counterfeit pills?

7 A. Yes.

8 Q. How many?

9 A. That I can -- not to be exact, but I
10 would say, again, three or four, but don't --
11 that's just a guess.

12 Q. Have any of those resulted in
13 convictions?

14 A. Yes. Yes. One has. The other ones
15 are still being worked.

16 Q. What was the name of the person or
17 persons that were convicted?

18 A. [REDACTED]
19 [REDACTED]
20 [REDACTED]

21 Q. How about -- let's see. At TDS have
22 you worked on any cases involving theft of
23 prescription opioids?

24 A. Yes. We've had -- it's open. We've
25 had reports and that that we've looked into on

1 theft.

2 Q. How many?

3 A. Under DEA?

4 Q. Yes.

5 A. We have a few going.

6 Q. Have you worked on investigations
7 involving prescription thefts every year that
8 you've been at TDS or is that a less frequent
9 occurrence than doctor shopping?

10 A. We had the one conviction of the
11 theft of prescription pads, so --

12 Q. That was Ms. [REDACTED]?

13 A. That's Ms. [REDACTED], correct. That was
14 out of Summit County as well.

15 Q. Was the Webb case one of the few
16 that you were thinking of?

17 A. Yes.

18 Q. And so back to my prior question.
19 Do you do more investigations of doctor shopping
20 than you do of thefts of prescription
21 medication?

22 A. I would say more of investigating
23 doctors overprescribing.

24 Q. Is that the most common type of
25 investigation that you work on?

1 A. That I work on, yes.

2 Q. Doctors overprescribing?

3 A. Doctors overprescribing, yes.

4 Q. Do you know how many of those
5 investigations you've worked on at TDS?

6 A. A lot. Again, numbers, not good,
7 but over a handful definitely.

8 Q. Worked on a lot. Have any of those
9 resulted in convictions?

10 A. Well, the cases, they are, but
11 they're still open because they have fled the
12 country, yeah, so I guess they wouldn't be
13 convicted.

14 MR. BENNETT: You should only
15 discuss cases that are convictions. If it's an
16 active investigation that the suspect is not
17 around, you're not authorized to disclose that
18 information.

19 A. I'm not authorized to disclose.

20 Q. How many suspects who aren't around
21 are we talking about?

22 A. A handful.

23 Q. So you've worked on a lot of the
24 cases, and in a handful the suspect fled the
25 country. Are there any that resulted in arrests

1 of these doctor improper prescribing cases?

2 MR. BENNETT: You can answer that
3 question yes or no.

4 A. I don't know that information of
5 where the case -- the status of where it's at.
6 I'm sorry.

7 Q. That's fine.

8 Have you worked on any cases
9 involving improper prescribing -- are these all
10 of doctors?

11 A. Yes. That's mostly what I focus on.

12 Q. Have you worked on any case
13 involving a doctor improperly prescribing that's
14 resulted in a conviction?

15 A. No. They're still open.

16 Q. When did you first start working on
17 doctor overprescribing cases?

18 A. Immediately once -- I started
19 shadowing again, as I spoke before, with Tyler
20 Parkinson. Yeah. I was with him and working a
21 case with him as well.

22 Q. You said that your focus is on
23 doctor overprescribing cases. Are there others
24 at TDS who focus on doctor overprescribing cases
25 to your knowledge?

1 A. As I explained, we work our cases a
2 lot together, because there's many aspects of
3 it. So yeah, there's other agents as well that
4 work on these doctor shopper cases.

5 Q. Who else at TDS focuses on doctor
6 shopping cases?

7 MR. BENNETT: Objection. Scope.

8 Q. I'm sorry. And I said doctor
9 shopper. I meant to say doctor overprescribing
10 cases.

11 MR. BENNETT: And I know this was an
12 issue before. We have instructed the witnesses
13 that they're not authorized to disclose members
14 of the task force who are not publicly known, or
15 strength of forces, so to the extent that you're
16 asking for names of other task force officers
17 that are not part of Akron or Summit County or
18 Cleveland or Cuyahoga County, I'm going to
19 indicate the witness is not authorized, under
20 the scope of her authorization, to disclose the
21 names of those individuals.

22 SPECIAL MASTER COHEN: You can
23 answer within those bounds.

24 MR. BLOCK: And, Your Honor, we
25 don't agree that Touhy is a basis not to -- to

1 instruct a witness not to answer the question.
2 The confidentiality -- the protective order
3 should enable us to explore the extent to which
4 the TDS is working on overprescribing without
5 interfering with any --

6 MR. BENNETT: And I think they can
7 ask about what TDS is doing --

8 SPECIAL MASTER COHEN: Hold on. The
9 question that you asked I think she can answer
10 within the bounds of what he described. So
11 let's just go question by question. I think you
12 can probably get everything you need.

13 Q. Can you tell me who else at TDS
14 focuses on doctor overprescribing cases?

15 MR. BENNETT: Objection. Scope.
16 Same instruction.

17 Q. I'll try to unpack it.
18 Is there anyone at TDS that's part
19 of the Akron Police Department that focuses on
20 doctor overprescribing?

21 A. Yes. Patrick Leonard.

22 Q. How about Summit County? Is there a
23 Summit County person? You're the Summit County
24 person?

25 A. I'm the Summit County person.

1 Q. How about from the City of
2 Cleveland? Is there someone at TDS from the
3 City of Cleveland who focuses on overprescribing
4 cases?

5 A. Yes. Prince.

6 Q. Is there someone from Cuyahoga
7 County at TDS who focuses on doctor
8 overprescribing cases?

9 MR. BENNETT: You can answer that.

10 A. Yes. [REDACTED] [REDACTED]. Don't ask me
11 how to spell it. I just call him [REDACTED].

12 Q. Are there others at TDS who focus on
13 doctor overprescribing cases, without giving me
14 their names?

15 A. Yes. We all do. As a unit we work
16 them.

17 Q. And perhaps I misunderstood your
18 testimony, but I understood you to say you
19 particularly focus on doctor prescribing cases
20 as opposed to the other kinds of diversion. Did
21 I misunderstand that?

22 A. That's what I focus on, but the
23 whole unit also focuses, so we all have our own
24 thing as we investigate. You know, I do the
25 surveillance.

1 Q. And do you consider Detective
2 Leonard to be focused like you on -- to the same
3 extent you are on doctor overprescribing cases
4 as opposed to other types of diversion?

5 MR. LEDLIE: Object to the form.
6 Vague.

7 You can answer that.

8 A. He also, you know, does doctor
9 shoppers as well as investigating the
10 physicians.

11 Q. And how about Detective G?

12 A. He is actually newer to the unit, so
13 he's just mostly assisting, so he's learning
14 everything right now. So he's shadowing an
15 agent right now.

16 Q. Are there any other types -- we
17 talked about doctor shopping, counterfeit pills,
18 prescription thefts and improper prescribing.
19 Are there any other types of diversion cases
20 that you've worked on at TDS?

21 A. Those -- I think that would -- that
22 would pretty much nail it.

23 Q. Let's get --

24 A. Fictitious. You did get the
25 fictitious.

1 Q. Maybe I did. Maybe I didn't. What
2 do you mean by --

3 A. Fictitious prescriptions, that's
4 where they're made up, they're counterfeit.

5 Q. Have you worked on those type of
6 investigations?

7 A. Yes. And that also goes back to
8 like the [REDACTED] case and all that.

9 Q. How many of those investigations
10 have you worked on?

11 A. Two to three. I believe like two of
12 them that are still open working currently.

13 Q. How long does it take you -- you've
14 worked on a lot of -- it sounds like you've
15 worked on a lot of improper prescribing
16 investigations, and most of them are still
17 pending; is that right?

18 A. They are still being worked, yes.

19 Q. So how long does it take to do an
20 improper prescribing investigation?

21 MR. BENNETT: Objection. Vague.
22 You can answer.

23 A. You know, we go where -- as we
24 investigate, what we want to do is make sure
25 that we involve the different entities, like say

1 the medical board and that kind of stuff, so
2 different things are being looked at of what --
3 that they can help us on, but, you know, the
4 process takes a while, yeah, as we're voting our
5 case, you know, because we're taking it
6 criminally and/or civilly, yeah.

7 Q. The people that fled the country,
8 charges were brought against them?

9 A. Um-hum.

10 Q. I'm sorry. I need a yes or no.

11 MR. BENNETT: I'll object.

12 I'll indicate that to the extent the
13 indictment is non-public, has not been unsealed,
14 you are not authorized to disclose the existence
15 of a sealed indictment. To the extent that it
16 is unsealed, you may answer the question.

17 Q. Let me -- okay. Can you answer
18 that, please?

19 A. I can't because I don't know if it's
20 unsealed.

21 Q. Well, whether there's a sealed or
22 unsealed indictment, from the time of the
23 investigation to an indictment, how long does
24 that take for an improper prescribing?

25 A. It honestly varies.

1 Q. What's the range?

2 A. If it's so blatant that -- as I
3 explained how a pill mill works of having people
4 out the door, I mean, that's going to move
5 because of the safety of our public and that's
6 always what we look at, the public safety. That
7 would be much quicker than, you know, something
8 that's a little bit more involved and that would
9 take obviously longer.

10 Q. So my understanding is that the
11 Dr. Harper investigation took at least four
12 years. Does that sound right to you?

13 MR. LEDLIE: Object to the form,
14 misstates testimony of another witness, and
15 foundation.

16 Q. You may answer.

17 A. That was -- that was prior to me
18 coming in. [REDACTED]

19 [REDACTED]
20 [REDACTED]
21 [REDACTED].

22 Q. But Harper, in your view, is an
23 example of a blatant -- back to your prior
24 answer, he was blatant?

25 A. Yes, he was blatant.

1 Q. And other doctors take longer to
2 investigate?

3 MR. LEDLIE: Object to the form.

4 MR. BENNETT: Objection.

5 You can answer.

6 A. It honestly depends on, you know,
7 our investigation and each route that it takes
8 us to.

9 Q. What's the range? What's the
10 quickest you've ever done a doctor
11 overprescribing investigation?

12 A. I honestly don't have an answer. To
13 bring charges to or to --

14 Q. Yes. Let's say to bring charges to.

15 A. I can't give you a time frame. I
16 mean, this is only a guess. [REDACTED]
17 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
18 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
19 [REDACTED] [REDACTED] [REDACTED] [REDACTED].

20 Q. Have you worked on any improper
21 prescribing investigations that have not
22 involved the medical board?

23 A. For medical doctors?

24 Q. Yes.

25 A. I don't believe so, because that's

1 always a link that, you know, we want to notify
2 them.

3 Q. In the investigations that you've
4 worked on of doctors for overprescribing, has
5 the involvement of the medical board been at
6 TDS's initiation, TDS's reaching out to the
7 board?

8 MR. BENNETT: Objection to scope.
9 You can answer.

10 A. It goes both ways.

11 Q. Which happens more frequently?

12 MR. LEDLIE: Object to the form.
13 You may answer.

14 A. I would say 50/50. You know, we
15 work very well together with them, so -- I think
16 it's important for them to contact us, and as
17 it's important for us to contact them.

18 Q. You've done improper prescribing
19 investigations where you've concluded that there
20 wasn't improper prescribing, correct?

21 A. Um-hum.

22 Q. I'm sorry. I need a yes or no to
23 that just for the court reporter.

24 MR. BENNETT: You can answer.

25 A. I have, yeah.

1 Q. How often? How many times?

2 A. Not very many.

3 Q. But more than one?

4 A. Yes.

5 Q. More than two?

6 MR. BENNETT: You can answer.

7 Q. More than -- sorry. More than two?

8 A. It would be a guess. Yes.

9 Q. You think more than two?

10 A. Yes.

11 Q. Do you think more than ten?

12 A. I don't think so.

13 Q. And do you recall how long the --
14 how long of an investigation did it take for you
15 to conclude that there was not -- you know, in
16 the ones where you concluded there wasn't
17 improper prescribing?

18 MR. LEDLIE: Object to the form of
19 the question.

20 You may answer.

21 MR. BENNETT: Objection. Scope.

22 You can answer.

23 A. Still the same amount of time I
24 believe goes into them because there's, you
25 know, things that we look at. So, you know, we

1 still have to do our part of investigating it,
2 so it's still going to take some time. It's not
3 quick.

4 Q. Have you ever worked on an improper
5 prescribing investigation that didn't involve
6 the use of an undercover -- yeah, of someone
7 going undercover?

8 MR. LEDLIE: Objection. Scope.

9 MR. BENNETT: Objection. Scope.

10 You can answer that question yes or
11 no only if you know.

12 A. Can you ask it again, please?

13 Q. Yes, absolutely.

14 Have you ever worked on one of these
15 improper prescribing investigations, of whether
16 a doctor is improperly prescribing, that did not
17 involve having someone go undercover?

18 A. [REDACTED]

19 Q. And if I followed that correctly,
20 some of the cases where you investigated a
21 doctor you thought was overprescribing,
22 concluded he or she wasn't, there was somebody
23 who went undercover to the doctor's office?

24 MR. BENNETT: Objection. Scope.

25 You can answer that question yes or

1 no only.

2 A. Yes.

3 Q. In your investigations into doctors
4 for overprescribing, do you work with medical
5 experts?

6 MR. BENNETT: Objection. Scope.
7 You can answer.

8 A. I personally? No, I have not spoken
9 with one, but we do utilize them.

10 Q. And just to go into that just a tiny
11 bit more, so you may not have directly dealt
12 with the expert but have there been
13 investigations of doctors overprescribing that
14 you've worked on where a medical expert has been
15 consulted even if it was someone else that
16 consulted the expert?

17 MR. BENNETT: Objection. Scope.
18 You can answer.

19 A. Yes.

20 Q. Have you ever worked on an
21 investigation of a doctor for improper
22 prescribing that didn't involve the consultation
23 by someone at TDS with a medical expert?

24 MR. BENNETT: Objection. Scope.
25 You can answer yes or no only.

1 A. I do not know that one.

2 Q. To your understanding, is it pretty
3 common, in terms of investigations into doctors
4 for overprescribing, to have consultation with a
5 medical expert?

6 MR. BENNETT: Objection. Scope.
7 Objection. Vague.

8 You can answer.

9 A. Yes.

10 Q. How many of the investigations that
11 you've worked on at TDS have been focused where
12 the investigation or the target of the
13 investigation is outside of Summit County?

14 MR. BENNETT: You can answer.

15 A. Quite a few. Quite a few.

16 Q. More than half?

17 A. Yes.

18 Q. Have you arrested anyone for doctor
19 shopping?

20 MR. BENNETT: Objection. Scope.

21 You are not authorized to disclose
22 non-public specific DEA activities and
23 investigations. To the extent that the arrest
24 was made public due to the fact that the
25 individual was charged, you may answer; however,

1 if the arrest has not been made public because
2 the suspect was not charged, you may not answer.

3 MR. LEDLIE: And then are you
4 limiting this to TDS? I just need to understand
5 it. Vague. I don't know if you're talking
6 about her time at TDS.

7 MR. BLOCK: Yes, TDS.

8 Q. Well, did you arrest anybody for
9 doctor shopping before you went to TDS?

10 A. No.

11 Q. Have you arrested anybody for doctor
12 shipping since you've been at TDS?

13 A. No.

14 MR. BENNETT: Objection.

15 Q. Have you investigated anyone for
16 doctor shopping and concluded that they weren't
17 doctor shopping?

18 MR. BENNETT: Objection. Asked and
19 answered.

20 A. Yes.

21 Q. How many times has that happened?

22 MR. BENNETT: Objection. Scope.
23 You can answer.

24 A. Again, there's so many cases, I
25 can't -- there has been. I can't give you a

1 number.

2 Q. It's happened more than once?

3 A. Yes.

4 Q. Has it happened more than a dozen
5 times?

6 MR. BENNETT: Objection. Scope.

7 A. I don't know.

8 Q. You're not sure one way or the
9 other?

10 A. Yeah.

11 Q. And in the doctor shopping
12 investigations that you've done where you
13 concluded the person wasn't doctor shopping, how
14 long did that take you -- how long did that
15 investigation take?

16 MR. BENNETT: You can answer.

17 A. Again, it varies of how long it
18 takes. You know, once we follow our -- you
19 know, I can't get into techniques and everything
20 and -- you know, it shows that he's in the scope
21 of what he's allowed to do, then -- I mean, it
22 takes time. It takes time. Nothing is fast.

23 Q. Are we talking years on doctor
24 shopping investigations? Is it weeks, months,
25 years? I'm trying to get at that.

1 MR. LEDLIE: Object to the form.

2 Vague.

3 MR. BENNETT: Object to the form.

4 MR. LEDLIE: I don't know what we're
5 talking about here.

6 MR. BLOCK: That doesn't really
7 matter if you know.

8 Q. Do you understand, Detective
9 Baker-Stella? Doctor shopping investigations,
10 whether -- we're talking those take weeks,
11 months, years? What are we talking about?

12 A. Months, years, yeah. I think I've
13 explained that, yeah. They take a while.

14 Q. Doctor shopping as opposed to
15 improper prescribing?

16 A. We're back now to doctor shoppers?

17 Q. Yes. It does matter if you
18 understand.

19 A. I'm sorry. So doctor shoppers, no,
20 those do not take as long. I apologize. If you
21 want to repeat --

22 Q. Yes.

23 My question is, in the cases that
24 you worked on where you investigated whether
25 someone was doctor shopping and you concluded

1 they aren't, how long did that investigation
2 take to do that?

3 A. That wraps up very quickly, within
4 weeks, very quickly.

5 Q. Got it.

6 Improper prescribing takes months or
7 years?

8 A. Correct.

9 Q. How long do the prescription forgery
10 investigations you worked on -- how long have
11 those taken?

12 A. Those go as quickly. We work those
13 quickly, and depending on just, again, not going
14 into techniques of -- you know, we follow where
15 they're being given out, issued, and then
16 filled, and so we're able to find that a lot
17 faster. That would be much quicker of an
18 investigation.

19 Q. So is it a matter of weeks, a couple
20 months? When you say "much quicker," I'm trying
21 to get a little more precision around that, if
22 we can.

23 MR. BENNETT: Objection. Form.
24 You can answer.

25 A. [REDACTED]

1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
2 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
3 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
4 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED],
5 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED].

6 Q. And that's the type of investigation
7 that -- that's part of what led to Ms. [REDACTED]'s
8 arrest and conviction?

9 A. Yes.

10 Q. Do you remember how long the [REDACTED]
11 case took?

12 A. Quite a few months, yes.

13 Q. From start of the investigation
14 to -- how long did it take from the start of the
15 investigation to charges being brought, if you
16 remember?

17 A. I'd be guessing again. Maybe three
18 months. Maybe. I want to say it could --
19 shorter, but -- I'm sorry. Not good on
20 timelines.

21 Q. Were you the lead investigator on
22 the [REDACTED] case?

23 A. I don't know if I was lead or if Pat
24 was. We were working it together because it
25 opened as a Summit County case, and there was

1 also an Akron case, so we linked them together.

2 Q. Why did the improper prescribing
3 cases take longer than the doctor shopping and
4 prescription forgery cases?

5 MR. BENNETT: Objection. Scope.

6 You're not authorized to disclose
7 the internal deliberative process of the
8 Department of Justice or confidential law
9 enforcement investigative techniques. To the
10 extent you can answer the question without
11 disclosing that, you may answer.

12 A. Why they do take longer is, you
13 know, we want to make sure -- we have to go our
14 certain routes to make sure that each thing is
15 being handled in -- you know, lawfully, so that
16 takes time rather than just looking up a
17 database to see what's going on. There's so
18 much more -- they're so much more involved
19 cases. That's why.

20 Q. So they're more complicated?

21 A. They are more complicated.

22 Q. There are more gray areas?

23 MR. LEDLIE: Object to the form.

24 Q. Is that part of what it is?

25 MR. BENNETT: Objection. Scope.

1 You can answer.

2 A. We need to get more into -- involved
3 into the case to find out. You can get reports.
4 We can do leads, follow-up, but we actually --
5 there's just -- they're more complicated. You
6 know, we don't take it lightly, you know, when
7 someone has gone many years to be a physician
8 and that, so we want to make sure, you know,
9 everything is being done correctly, or if it's
10 being done incorrectly, then handle that as fast
11 as we can for the safety of the public.

12 Q. It's fair to say at a very general
13 level for an overprescribing investigation,
14 you're trying to figure out whether this doctor
15 is prescribing medications to patients without a
16 medical basis for doing so?

17 A. That's correct.

18 Q. And so you have to figure out
19 whether the doctor is exercising medical
20 judgment or just not applying medical judgment
21 at all?

22 MR. BENNETT: Objection. Scope.

23 You can answer.

24 A. Correct.

25 Q. And would you agree that's difficult

1 to do?

2 MR. BENNETT: Objection. Vague.

3 You can answer.

4 A. It's not difficult to do, but we
5 have special investigative tools of how to get
6 that information.

7 Q. And those tools, without getting
8 into what they are, apparently they take a while
9 to implement and apply and think about and
10 figure out whether they're giving you the
11 conclusion it's medical judgment versus
12 non-medical judgment?

13 MR. BENNETT: Objection. Form.

14 You can answer.

15 A. Yes.

16 Q. And at some level it requires the
17 input of a medical expert?

18 MR. LEDLIE: Object to the form.

19 MR. BENNETT: Objection. Scope.

20 You can answer.

21 A. Yes.

22 Q. Have you worked on investigations at
23 TDS that are outside the state of Ohio?

24 MR. BENNETT: Objection. Scope.

25 You can answer that question yes or

1 no only.

2 A. Yes.

3 Q. How frequently does that occur?

4 MR. BENNETT: You can answer that.

5 A. Recently it's been just within, but,
6 you know, we have had it happen but not anything
7 like most recent.

8 Q. So like today the cases you're
9 working on are all within Ohio?

10 MR. BENNETT: Objection. Scope.

11 If you can answer that question yes
12 or no only. And, also, objection, vague.

13 A. As I say, we have a lot of cases, so
14 I'm trying to -- I'm trying to think. I think
15 there's a few still outside.

16 Q. Have you ever concluded that a
17 doctor was overprescribing based solely on
18 looking at how many prescriptions the doctor was
19 writing?

20 MR. BENNETT: Objection. Scope.

21 You can answer that question.

22 THE WITNESS: We might get into
23 technique.

24 MR. BENNETT: You can answer that
25 question yes or no only. You are authorized to

1 answer that question yes or no only if you can.

2 A. That is a tool that we use. That's
3 only one -- that's not one thing that I would
4 just focus in and say we're taking him.

5 Q. And my question is, the number of
6 prescriptions alone isn't sufficient to reach a
7 judgment about whether there's overprescribing
8 or not?

9 MR. LEDLIE: Object to the form.

10 Q. Do you agree with that?

11 MR. BENNETT: Objection. Scope.
12 You can answer yes or no only.

13 A. Yes.

14 Q. Have you ever requested a search
15 warrant for a doctor based solely on the amount
16 of prescriptions that the doctor was writing?

17 MR. BENNETT: You can answer that
18 question.

19 A. I don't believe I have.

20 - - - - -

21 (Thereupon, Baker-Stella Deposition
22 Exhibit 7, E-Mail String Dated
23 December 9, 2016 Bates Numbered
24 SUMMIT_001233825, was marked for
25 purposes of identification.)

1 - - - - -

2 Q. Detective Baker-Stella, Exhibit 7 is
3 an e-mail from you to Joseph Black dated
4 December 9th, 2016. It bears the Bates label
5 SUMMIT_001233825.

6 Have you seen this before?

7 A. I remember this e-mail.

8 Q. Who is Joseph Black? Who's Joe
9 Black?

10 A. Joe Black is a deputy assigned to
11 our patrol division.

12 Q. When you say "our patrol division"
13 --

14 A. Summit County Sheriff's Office
15 patrol division.

16 Q. And in the first sentence he says
17 he -- of his e-mail to you, he says, "I have a
18 script case that started as an identity theft
19 case sent back to me to handle from DB."

20 Do you know what DB stands for?

21 A. Yes. That is our detective bureau.

22 Q. And do you know whether this case
23 resulted in a conviction?

24 A. Yes, it did.

25 Q. And who was the person that was

1 convicted?

2 A. That was the [REDACTED] case.

3 Q. Was this e-mail the start of the
4 [REDACTED] case?

5 A. Yeah. He was reaching out to me to
6 help him, you know -- to start that because he
7 has -- you know, as I explained, not all cases
8 come to me, so our patrol division also
9 investigates, so with me doing what I do, he was
10 reaching out to get some advice on how to do it.

11 Q. And at some point did this
12 investigation transfer from Detective Black to
13 you at TDS?

14 A. Yes. I did end up taking the case.

15 Q. And it resulted in an arrest and a
16 conviction?

17 A. Yes.

18 Q. And am I correct that -- what was
19 Web's job?

20 A. She worked at the front desk of a
21 doctor's office, and so she was, you know, using
22 the prescription pads of the doctor to write,
23 and this was the same case that Pat Leonard --
24 we worked together on.

25 Q. So she stole the pad from the

1 doctor, the doctor didn't know the pad had been
2 stolen?

3 A. That is correct.

4 MR. BENNETT: Objection. Scope.

5 I would remind you that you're not
6 authorized to disclose non-public facts about
7 this case. To the extent that this was
8 disclosed publicly through the sentencing, you
9 may answer. You can answer questions about
10 information that's been disclosed publicly. To
11 the extent you have confidential sources or
12 information you gained that wasn't disclosed
13 publicly, you're not authorized to disclose that
14 about cases even when they're publicly charged.
15 I'm just reminding you if you got source
16 information or did an interview that wasn't
17 later disclosed, then you're not authorized to
18 disclose that information.

19 A. Could you please ask that question
20 again?

21 Q. I think I can strike the question,
22 so you'll all be thrilled.

23 - - - - -

24 (Thereupon, Baker-Stella Deposition
25 Exhibit 8, E-Mail from Lori

1 Baker-Stella to P. Hunt and M.
2 Paolino Dated October 7, 2016 Bates
3 Numbered SUMMIT_000102503, was
4 marked for purposes of
5 identification.)

6 - - - - -

7 Q. I hand you what has been marked as
8 Exhibit Number 8. This is an e-mail from you to
9 P. Hunt and M. Paolino. It's dated October 7th,
10 2016 and bears the Bates label SUMMIT_000102503.

11 Have you seen this before, this
12 e-mail?

13 MR. BENNETT: Hang on a second.
14 Objection. Scope. This is one of the records
15 which we have requested a clawback. I
16 understand the Special Master has ruled on this,
17 but we reserve our rights to address that at a
18 later point to have this document clawed back.

19 With that, you can answer his
20 question.

21 Q. Have you seen this e-mail before was
22 the question.

23 A. I wrote it, so yes, I've seen it.

24 Q. And did you prepare it in the
25 ordinary course of business in your duties as a

1 detective of the Summit County Sheriff's Office?

2 A. Yes, as both TFO and Summit County
3 Sheriff's Office.

4 Q. And back to Exhibit 7. That's an
5 e-mail you received in the ordinary course of
6 business as a detective for the Summit County
7 Sheriff's Office?

8 A. That is correct.

9 Q. I should have asked you that before,
10 but back to number 8, the one you sent to Pat
11 Hunt. That's Sergeant Hunt. He's a sergeant at
12 the Summit County Sheriff's Office?

13 A. Who is now retired, yes.

14 Q. But at the time he was your direct
15 supervisor at the Summit County Sheriff's
16 Office; is that right?

17 A. That is correct.

18 Q. Paolino, that's captain -- was he a
19 captain at the time?

20 A. He was a lieutenant at the time.
21 Let me see. Oh, it doesn't say. He could have
22 been just a lieutenant at the time. He is now
23 currently a captain.

24 Q. And you were sending them an update
25 on the cases you were working on?

1 A. Yes, that is correct.

2 Q. And how would you determine what --
3 it looks to me like you're mentioning here --
4 well, first you were investigating a ring of
5 counterfeit scripts of --

6 A. [REDACTED]

7 Q. -- [REDACTED] [REDACTED]

8 A. That is correct.

9 Q. What does a ring of counterfeit
10 scripts mean?

11 MR. BENNETT: Objection. Scope.
12 You can answer.

13 A. It's when you have multiple people
14 doing the same thing, so it's a ring, there's
15 multiple people doing it.

16 Q. And counterfeit scripts, this would
17 be something like what Ms. Webb did, they were
18 writing fake prescriptions for
19 [REDACTED]?

20 A. That is correct.

21 Q. And so that was one thing you were
22 working on in October of 2016. And then there's
23 mention to taking down a target in Columbus.
24 That was a target related to the counterfeit
25 script ring?

1 MR. BENNETT: Objection. Scope.

2 You can answer yes or no only.

3 A. Yes.

4 Q. And then it also says, "This is also
5 linked to a case Sergeant Hunt assigned me from
6 one of our pharmacies in Green." What does that
7 mean, that Sergeant Hunt assigned you a case?

8 MR. BENNETT: You can answer that.

9 A. It was also a fictitious script that
10 was given to one of the area pharmacies as well
11 of the exact same thing. So that's what I meant
12 by rings. They were in different locations
13 doing the exact same thing.

14 Q. What does it mean that Sergeant Hunt
15 assigned you a case?

16 MR. BENNETT: You can answer.

17 A. This was in our jurisdiction, so
18 with this being a fictitious script, the patrol
19 officer may or may not have felt comfortable, so
20 it was given over to our drug unit and then
21 assigned to me because it was a drug --
22 prescription drug-related case.

23 Q. Is that sort of the same thing that
24 happened with the Webb case in terms of the case
25 started at the sheriff's office and got assigned

1 to you at TDS?

2 A. Yes.

3 Q. How frequently has that happened
4 since you've been at TDS, where you've gotten a
5 case assigned to you through the Summit County
6 Sheriff's Office?

7 A. It happens occasionally.

8 Q. But it's not the majority of cases
9 you're working on at TDS don't come to you
10 through Summit County Sheriff's Office; is that
11 right?

12 A. That's correct.

13 Q. Can you think of any other
14 investigations you've worked on other than the
15 Webb case and this counterfeit script ring that
16 came to you through the Summit County Sheriff's
17 Office?

18 MR. BENNETT: Objection. Scope.

19 You're not authorized to disclose
20 ongoing active investigations or non-public
21 investigations.

22 MR. BLOCK: I would think the answer
23 could be given in a way that won't disclose
24 anything particular about investigations, just
25 are there others.

1 MR. BENNETT: If your question is
2 are there others from Summit County, that's a
3 yes or no question and you are authorized to
4 answer that question yes or no.

5 Q. Are there others that you have in
6 mind?

7 A. Yes.

8 Q. How many?

9 MR. BENNETT: You can answer that.

10 A. Again, a handful.

11 Q. Has there been an arrest in this
12 [REDACTED] case?

13 MR. LEDLIE: Objection.

14 Q. Let me rephrase.

15 Has there been a conviction in the
16 [REDACTED] case?

17 MR. BENNETT: You can answer that
18 question yes or no.

19 A. It's ongoing.

20 Q. Do you know whether there's been an
21 arrest?

22 MR. BENNETT: Objection. Scope.

23 To the extent that the arrest is
24 public because there have been charges, you may
25 answer. To the extent there are arrests that

1 have not been made public, you may not answer.

2 Do you need to confer?

3 Can we confer?

4 SPECIAL MASTER COHEN: Yes.

5 (Recess had.)

6 MR. BENNETT: Can you repeat your
7 question?

8 MR. BLOCK: Maybe.

9 Q. Has there been an arrest in the
10 [REDACTED] case?

11 MR. BENNETT: So I have discussed
12 the case with the witness outside. We have
13 authorized the witness to answer as it relates
14 to individuals who have been arrested and
15 publicly charged. To the extent there may or
16 may not have been other individuals who have
17 been arrested but not charged, we are not
18 authorizing her to answer at this point. And
19 it's my understanding that this is an ongoing
20 active investigation. So with those
21 limitations, she can tell you whether there's
22 anybody she knows of who's been arrested and
23 charged in this case.

24 A. If I may answer, yes.

25 Q. [REDACTED], is that an

1 opioid?

2 A. It has the [REDACTED] in it, and then
3 the [REDACTED], what that is is an
4 [REDACTED] so you take it both in one.

5 Q. So that's one investigation that you
6 were telling your supervisors at Summit County
7 Sheriff's Office about in October 2016. And
8 then the next paragraph says, "We're
9 investigating a [REDACTED] ring."

10 Do you see that?

11 A. Um-hum.

12 Q. What is meant by a fentanyl ring? I
13 don't want to get into the specifics of the
14 investigation, but are we talking about illicit
15 fentanyl?

16 A. Yes. Again, as I explained, what
17 ring was is where it's happening in multi
18 locations, so that's what -- how I explain
19 definition of a ring, multiple people.

20 Q. At a very general level, what is
21 happening at multiple locations with the
22 fentanyl; people are stealing it, selling it,
23 dealing it?

24 MR. BENNETT: Objection. Scope.

25 You are not authorized to disclose

1 ongoing, active investigations. To the extent
2 you can answer just generally what happens with
3 fentanyl rings in your experience, you may. You
4 may not give any non-public information about an
5 ongoing active investigation.

6 A. It is sold.

7 Q. And this is fentanyl that's obtained
8 on the black market; is that right?

9 MR. BENNETT: Objection.

10 Same instructions about scope. To
11 the extent that this is generally what happens,
12 you may answer. You may not talk about a
13 specific ongoing, active investigation out of
14 Toledo.

15 A. Can you say what you just said?

16 Q. I said that it's being sold on the
17 black market. I'm sorry. The fentanyl is
18 obtained on the black market.

19 A. Yes, that we have found.

20 Q. And you go on to say that "We have
21 numerous other cases we are working. Wanted to
22 give info on the most recent cases that is
23 accumulating many hours of OT."

24 A. Overtime.

25 Q. And did you have any criteria that

1 you used in determining whether there was a case
2 you needed to alert Sergeant Hunt or
3 Lieutenant/Captain Paolino about?

4 MR. BENNETT: You can answer that
5 question.

6 A. I don't work at the office down
7 in -- down in our Akron drug unit, so I'd like
8 to update them on -- because they never see me,
9 so I just update them on stuff I'm working on
10 because it's kind of like out of sight, out of
11 mind. I wanted them to know that I'm up there,
12 you know, working cases, as I'm supposed to. So
13 it's just a courtesy to let them know what I'm
14 working on.

15 Q. And at least at the time you sent
16 this e-mail, were these the two biggest cases
17 you were working on and that's why they were
18 related to the overtime?

19 MR. LEDLIE: Object to form.

20 MR. BENNETT: Objection. Vague.

21 A. Oh, at least --

22 Q. These were the two biggest cases you
23 were working on at the time and that's why they
24 were accumulating overtime?

25 MR. BENNETT: Objection. Vague.

1 A. I was just honestly shooting out an
2 e-mail quickly to him, just, you know, what's
3 going on, because at that time I believe he
4 wanted me just to do a weekly check-in, so that
5 must have been the ones that were on my mind at
6 that time.

7 Q. Those are the ones you were focused
8 on at the time you sent the e-mail?

9 A. That's correct.

10 - - - - -

11 (Thereupon, Baker-Stella Deposition
12 Exhibit 9, E-Mail from Lori
13 Baker-Stella to P. Hunt and M.
14 Paolino Dated August 25, 2014 Bates
15 Numbered SUMMIT 001000737, was
16 marked for purposes of
17 identification.)

18 - - - - -

19 Q. Exhibit Number 9, Detective
20 Baker-Stella, is another e-mail from you to
21 Sergeant Hunt and probably Lieutenant Paolino.
22 This one is dated August 25th, 2014, Bates
23 SUMMIT_001000737.

24 Do you recall sending this e-mail?

25 MR. BENNETT: Objection.

1 This is one of the documents that
2 the DEA is seeking to claw back. We believe
3 that more information should be clawed back. We
4 understand the Special Master's ruling on this
5 issue, but we reserve our rights to address it
6 at a later time and have more of this document
7 or this entire document clawed back.

8 With that, you can answer the
9 question.

10 Q. Do you recall sending the e-mail is
11 the question.

12 A. Yes. Yes.

13 Q. And you sent this in the ordinary
14 course of your duties as a Summit County
15 Sheriff's officer?

16 A. Detective, yes.

17 Q. Thank you.

18 And what was the purpose of sending
19 this to Sergeant Hunt and Lieutenant Paolino?

20 A. Again, as I explained, just giving
21 them, you know, a weekly update or every two
22 week update on just -- so they didn't forget who
23 I was.

24 Q. And they didn't forget who you were,
25 though, right?

1 A. So they didn't forget. You know,
2 out of sight, out of mind kind of thing.

3 Q. And so the first -- I think the name
4 has been redacted, but I just want to confirm,
5 the first type of case that you reported on is
6 an overprescribing case?

7 A. Dr. [REDACTED]

8 MR. BENNETT: That one she can --

9 Q. I'm sorry. I don't have the final,
10 final version.

11 MR. BENNETT: Here. You can have my
12 copy. That first one has been closed
13 (indicating).

14 MR. BLOCK: Thank you, Mr. Bennett.

15 Q. So Dr. [REDACTED], that was an
16 overprescribing case?

17 A. It is.

18 Q. What was the ultimate -- how did
19 that one end?

20 A. He actually ended his -- lost his
21 medical license, had to go through counseling
22 and had to pay a fine.

23 Q. And do you recall how long that
24 investigation took?

25 A. That took some time, yeah.

1 Q. Years?

2 A. Gosh, I -- I'm terrible with time.
3 I can't say -- maybe under a year. Yeah. I'm
4 terrible with time.

5 Q. That's all right.

6 Were you the lead agent on that
7 case?

8 A. I was not.

9 Q. Were you a co-lead?

10 A. I was not.

11 Q. But you were involved with the case?

12 A. Absolutely.

13 Q. And the next one is a steroids case.
14 Can we agree that doesn't involve opioids?

15 A. That's correct.

16 Q. But that --

17 A. It's a scheduled drug, yeah, that we
18 investigate.

19 Q. Were you the lead on that one, if
20 you know?

21 MR. BENNETT: Objection. Scope.
22 Calls for discussion on active investigations.
23 And, also, objection, vague. I'm not sure the
24 witness, since she doesn't have the original
25 e-mail, knows even which case this is.

1 Q. Have you been the lead agent on any
2 steroids cases?

3 MR. BENNETT: You can answer that
4 question.

5 A. I believe I have.

6 Q. And then there was a case that was
7 going to the grand jury, but it's redacted, so
8 does that mean that there was no -- do you know
9 whether that means there was no indictment or
10 just it's still pending?

11 MR. BENNETT: Objection.

12 Matters that happen in front of the
13 grand jury are protected by Criminal Rule 6(e).
14 This officer would be prohibited to discuss what
15 has gone on in front of the grand jury.

16 To the extent that you can answer
17 without disclosing matters that have occurred
18 before the grand jury, if you know what case
19 this is, you can.

20 A. I do not know what case this is.

21 Q. The next one is the [REDACTED] [REDACTED]
22 case. What did [REDACTED] [REDACTED] do?

23 A. That was one of my cases back when I
24 first started. [REDACTED] [REDACTED], I believe he stole
25 a prescription pad. But again, that was back in

1 2014. I don't recall the specifics on that
2 case, but he was convicted and sentenced.

3 Q. The next one, [REDACTED], what
4 happened with [REDACTED]?

5 A. [REDACTED]? I'm not recalling -- I
6 mean, it says overprescribing, but I'm not
7 recalling that doctor in my memory. I mean, I
8 know of the case within our unit, but I can't
9 remember what he actually was doing.

10 Q. Do you remember working on that case
11 at all?

12 A. Cleveland Heights. Yeah, I'm sure I
13 was part of what I do in that surveillance.

14 Q. Then the next one, with the name
15 redacted, says -- you highlight for Sergeant
16 Hunt and Lieutenant Paolino that "This is my
17 case I just opened." Does that mean you at
18 least at the time were the lead investigator on
19 it?

20 A. That's what that would mean.

21 Q. And then it says, "IRS is on board
22 as well." What does that mean?

23 MR. BENNETT: Objection. Scope.

24 This is involving an active and
25 pending investigation. This witness is not

1 authorized to answer.

2 To the extent you can answer
3 generally regarding IRS involvement, you may
4 answer.

5 Q. Let me put this one aside.

6 In your time at TDS, have you worked
7 on any investigations in which the IRS has been
8 involved?

9 MR. BENNETT: You can answer that
10 question.

11 A. Yes, I have.

12 Q. What kinds of investigations have
13 you worked on, type, doctor shopping versus
14 overprescribing versus the other ones, where the
15 IRS has been involved?

16 MR. BENNETT: You can answer.

17 A. It would be a physician
18 overprescribing case, so the IRS -- we work with
19 them as well, and then they look into like the
20 fraud of part of the case, how, as I explained
21 before, we use other agencies when we work a
22 case.

23 Q. Have you worked on doctor
24 overprescribing investigations that have not
25 involved the IRS?

1 MR. BENNETT: You can answer that
2 question.

3 A. Yes.

4 Q. How frequent is the involvement of
5 the IRS in an -- in an overprescribing case is
6 that the norm or the exception --

7 MR. BENNETT: Objection. Form.

8 Q. -- for the ones you've worked on?

9 MR. BENNETT: You can answer.

10 A. Honestly, they are so overwhelmed
11 with the amount of work that they have going on,
12 that a lot of times they just can't give us a
13 person to help work on the case, so if they did,
14 then, you know, they would also be on board with
15 us, but again, shortage is everywhere.

16 Q. If it were up to you, if there were
17 unlimited resources, would you want to have the
18 IRS involved in all the overprescribing cases?

19 MR. BENNETT: Objection. Scope.

20 You can answer if you have a
21 personal opinion.

22 A. Personally, my personal opinion is
23 the -- the more we work together with one
24 another in taking down a person that is not
25 doing what they're supposed to be doing, I'd say

1 it makes the case stronger. So that's my
2 personal opinion.

3 Q. Back to Exhibit 9. The
4 investigation that you were reporting on, the
5 one that you had just opened, it's redacted, so
6 that's an ongoing investigation?

7 MR. BENNETT: Objection.

8 If you know which case this is.

9 A. I'm not quite sure.

10 Q. Well, I guess let me just ask it
11 more generally. Do you have cases that you were
12 working on, doctor overprescribing cases that
13 you were working on in 2014 that you're still
14 working on today?

15 MR. BENNETT: You can answer that
16 question.

17 A. Yes. They're still open.

18 Q. I'm not getting into any specific
19 investigations, but the doctors in those cases
20 are still -- while the investigation is going
21 on, they're still writing prescriptions?

22 MR. BENNETT: Objection.

23 You are not authorized to disclose
24 specific DEA investigations and activities. To
25 the extent that you have publicly disclosed

1 information that can answer that question, you
2 may.

3 A. This doctor is not currently seeing
4 patients.

5 Q. Do you know when that doctor stopped
6 seeing patients?

7 MR. BENNETT: Objection. Scope.

8 You are not authorized to disclose
9 information about specific DEA investigations
10 and activities.

11 MR. LEDLIE: I don't think she
12 understands your instructions as to what she can
13 and can't answer.

14 MR. BENNETT: Do you need to confer?
15 Do you need to talk to me?

16 THE WITNESS: Yes. We might as
17 well.

18 Q. Let me ask a different question,
19 which is just, are there any doctors -- you have
20 some doctor investigations that you were working
21 on in 2014 that are still open today, right?

22 MR. BENNETT: You can answer that
23 question.

24 A. Yes.

25 Q. And are any of those doctors still

1 writing prescriptions today to your knowledge,
2 just yes or no?

3 MR. BENNETT: Objection. Scope.

4 You can answer that question yes or
5 no only.

6 A. I do not know because there are so
7 many.

8 Q. It's certainly possible that some of
9 those doctors are still writing prescriptions?

10 MR. LEDLIE: Objection. Calls for
11 speculation.

12 MR. BENNETT: Join that objection.
13 Also scope objection.

14 You can answer.

15 A. There could be.

16 Q. Detective Baker-Stella, are you at
17 all involved in the decision about whether or
18 not DEA should revoke the registration of a
19 doctor? Have you ever been involved in that
20 decision?

21 MR. BENNETT: You can answer that
22 question.

23 A. No, I have not.

24 Q. Or whether the medical board should
25 revoke the license of a doctor, do you get

1 involved with that ever?

2 MR. LEDLIE: Objection. Vague.

3 You may answer.

4 MR. BENNETT: Objection. Vague.

5 But you can answer.

6 A. No. We have meetings.

7 Q. No. You have meetings. What do you
8 mean by having meetings?

9 A. There's multiple people in when
10 those decisions are made. I'm not in on that.
11 There's meetings with those heads to --

12 Q. Have you ever presented at any of --
13 do you go to those meetings?

14 A. I do not.

15 Q. Do you provide any sort of input for
16 those meetings?

17 MR. BENNETT: Objection. Scope.

18 You can answer that question yes or
19 no only.

20 A. Only my surveillance information.

21 Q. And these are meetings between the
22 medical board and who else?

23 A. The case lead agent and the
24 supervisor and any AUSA that is assigned to the
25 case.

1 - - - - -
2 (Thereupon, Baker-Stella Deposition
3 Exhibit 10, E-Mail from Lori A.
4 Baker-Stella to M. Paolino and P.
5 Hunt Dated July 1, 2015 Bates
6 Numbered Summit 001002601, was
7 marked for purposes of
8 identification.)
9 - - - - -

10 Q. Exhibit 10, Detective Baker-Stella,
11 is an e-mail from you to Lieutenant Paolino and
12 Sergeant Hunt dated July 1st, 2015, Bates number
13 SUMMIT_001002601.

14 Do you recall sending this e-mail?

15 MR. BENNETT: Objection.

16 This is a document that the DEA has
17 requested to claw back. We understand the
18 Special Master's ruling in this matter in only
19 redacting a portion of it. We reserve our
20 rights to at a future date address clawing back
21 this document or redacting more of this
22 document.

23 With that objection on the record,
24 you may answer the question that was asked.

25 MR. LEDLIE: What was the question

1 again, counselor?

2 Q. Do you recall sending this e-mail?

3 A. Yes.

4 Q. This is an e-mail you sent in the
5 ordinary course of your duties as a Summit
6 County -- as a detective at the Summit County
7 Sheriff's Office?

8 A. Summit County drug unit, yes.

9 Q. And is the purpose of this e-mail
10 the same -- the same purpose in terms of sending
11 it to Sergeant Hunt and Captain Paolino as with
12 Exhibits, I think, 7, 8 and 9?

13 A. Yes, they would be the same reason,
14 just an update.

15 Q. In your update on the first case you
16 say, "This case unfortunately had to have FBI
17 included."

18 Do you see that?

19 A. I do.

20 Q. Not necessarily this specific case,
21 but why is it unfortunate to have the FBI
22 involved?

23 MR. BENNETT: Objection. Scope.

24 You are not authorized to express an
25 opinion that would require you to disclose

1 non-public facts or information you acquired in
2 the performance of your duties. To the extent
3 that you have a personal opinion that is not
4 related to non-public facts or information, you
5 may give your personal opinion.

6 A. I'd rather not give my personal
7 opinion.

8 Q. You said it's unfortunate to have
9 the FBI involved. So I'm wondering, why is
10 that? Why?

11 MR. BENNETT: Objection. Same
12 instructions.

13 A. My personal opinion is they're a
14 little bit slower on things, so it kind of slows
15 cases down.

16 Q. During your time at TDS have you
17 been involved in investigations that have
18 included involvement from the FBI?

19 MR. BENNETT: You can answer that.

20 A. Yes.

21 Q. And how much? Let me -- sorry. How
22 many times has that happened?

23 A. Not as often as now, but it was
24 quite often.

25 Q. It was?

1 A. It was quite often, I guess. A
2 handful of times, yeah. A few. I can't give
3 numbers. I'm not good at numbers because I
4 don't have all the cases in front of me.

5 Q. Are there particular type or types
6 of investigations that you've worked on where
7 the FBI has gotten involved, doctor shopper
8 versus overprescribing versus counterfeit?

9 MR. BLOCK: I think I can get an
10 answer to my question.

11 MR. BENNETT: I'm sorry. I didn't
12 hear the question.

13 Q. Are there particular type or types
14 of investigations that you've worked on where
15 the FBI has gotten involved, by that I mean
16 doctor shopper for overprescribing?

17 MR. BENNETT: You are authorized to
18 talk about general types of investigations but
19 not a specific investigation that's non-public.
20 So if you can talk about the types of cases,
21 that's acceptable.

22 A. Physician investigations -- not
23 overprescribing, not doctor shoppers, of course
24 not.

25 Q. Why do you say the FBI is slow or

1 tends to be slower?

2 MR. LEDLIE: Objection.

3 MR. BENNETT: Objection.

4 Same instructions regarding
5 opinions. You can answer based on your personal
6 opinion.

7 A. That was just my personal opinion.
8 It just seems they are delayed at getting back
9 to us sometimes.

10 Q. There's a reference here to
11 Dr. Zwail. Do you see that?

12 A. Um-hum.

13 Q. What happened with Dr. [REDACTED]

14 A. Oh, I don't see [REDACTED] on this one.

15 MR. LEDLIE: Can I show the witness?

16 MR. BLOCK: Please.

17 THE WITNESS: I can answer because
18 that case is over?

19 MR. BENNETT: It's my understanding
20 that if the case is over, you can answer. If
21 the case is not over, if it's an active case,
22 you are not authorized to answer. But I
23 understand it to be a case that has been
24 convicted and closed.

25 A. Yes. Dr. [REDACTED] was the doctor that

1 had his medical license revoked and had to pay a
2 penalty and then went through like counseling
3 and that kind of stuff.

4 Q. Oh, okay. I see. Zewail or Zwail
5 is the same person?

6 A. Correct.

7 Q. This was a doctor, at least
8 according to Exhibit 9 -- it says, "Scripts for
9 sex." What does that mean? I think I know,
10 but --

11 A. Yes.

12 MR. BENNETT: You're allowed to
13 disclose public facts, facts that were disclosed
14 during the conviction and sentencing of
15 Dr. Zewail. To the extent it's information that
16 was never made public, you are not authorized to
17 disclose that.

18 A. I don't believe that was disclosed.

19 MR. LEDLIE: Summit County is
20 joining the DEA and reserves all rights to ask
21 for further redactions of this before the
22 district court under law enforcement and officer
23 safety reasons. Just for the record, that was
24 the last document.

25 SPECIAL MASTER COHEN: Just so I'm

1 on the same page literally, are we talking about
2 the one that begins, "Hello my favorite
3 supervisors"?

4 MR. BENNETT: No. "I just wanted to
5 update you on cases I'm working on. The
6 chiropractic case is." And I think one of our
7 big concerns is the third sentence in that
8 paragraph.

9 MR. LEDLIE: The third sentence is
10 my concern.

11 MR. BENNETT: And one of our biggest
12 concerns as well.

13 SPECIAL MASTER COHEN: [REDACTED]
14 [REDACTED]

15 MR. BENNETT: [REDACTED]

16 MR. BLOCK: May we proceed with the
17 deposition?

18 SPECIAL MASTER COHEN: Go ahead.

19 - - - - -

20 (Thereupon, Baker-Stella Deposition
21 Exhibit 11, E-Mail String Bates
22 Numbered SUMMIT_001003326, was
23 marked for purposes of
24 identification.)

25 - - - - -

1 Q. So Exhibit Number 11, Detective
2 Baker-Stella, is an e-mail from Lieutenant
3 Paolino to you thanking you for an embedded
4 e-mail from you to him and Sergeant Hunt dated
5 June 19th, 2013. It bears Bates number
6 SUMMIT_001003326. The first question is, do you
7 recall having this e-mail exchange with
8 Lieutenant Paolino back in June of 2013?

9 A. It definitely looks like one that I
10 sent.

11 Q. And you would have sent that in the
12 ordinary course of your duties as a Summit
13 County Sheriff's Office detective, right?

14 A. For the drug unit, yes.

15 Q. For the drug unit, right.

16 And was Lieutenant Paolino new to
17 the drug unit in June of 2013?

18 A. I can't remember. I think he was
19 there the entire time I came on board. I
20 believe. Yeah.

21 Q. You started --

22 A. 2013.

23 Q. In February was it?

24 A. Yes.

25 Q. And in --

1 MR. BENNETT: Counsel, I'm going to
2 interject an objection to this document. To the
3 best of my knowledge, this is the first time
4 I've seen this document. It was not one of the
5 ones that I saw at a previous deposition nor one
6 of the ones that you identified when you sent me
7 the list of documents you intended to use. I do
8 believe that this contains information about
9 current cases and that this would be DEA and
10 Department of Justice information. Since this
11 has not been vetted by the DEA, I do not know
12 what of 1 through 5 current cases are current
13 and active cases, although based on my
14 understanding of some of my meetings, some of
15 the things referenced on here are still active
16 and ongoing, and I would ask that 1 through 5 be
17 redacted until we can determine whether they are
18 closed cases or not.

19 SPECIAL MASTER COHEN: Let me make a
20 suggestion. We haven't taken a break yet. It's
21 been a little over an hour. Do you think you
22 can determine that in a five-minute break or
23 not?

24 MR. BENNETT: I don't think in a
25 five-minute break we can determine that.

1 MR. BLOCK: But there aren't any
2 names here, so I don't understand how it's going
3 to reveal -- and this wasn't -- to my knowledge,
4 it's never been clawed back, I assume because it
5 doesn't --

6 MR. BENNETT: It could contain grand
7 jury information. I don't know what these cases
8 are. I have not looked at these. That could be
9 grand jury information that would be privileged.

10 SPECIAL MASTER COHEN: I know you
11 have a limited amount of time. We can do one of
12 two things. We can take a break now and I can
13 take a look at this, but probably until you go
14 through the process, I would have to agree with
15 the redaction. The other thing that you can do
16 is just keep on going and I kind of study this
17 and try and get back with you.

18 MR. BENNETT: There are also
19 techniques listed here.

20 SPECIAL MASTER COHEN: I just need
21 to look at it.

22 MR. BLOCK: Why don't we take the
23 break.

24 SPECIAL MASTER COHEN: Five minutes.

25 (Recess had.)

1 Q. Detective Baker-Stella, have you
2 ever been to a pill mill coordination meeting in
3 your time at TDS?

4 A. I don't believe so.

5 Q. Have you attended a training on the
6 heroin/fentanyl epidemic?

7 MR. LEDLIE: Objection. Vague.

8 A. I -- if you had something to show
9 me --

10 Q. We'll come back --

11 A. -- it might --

12 Q. We'll come back to that.

13 Do you have an understanding of what
14 the heroin/fentanyl epidemic is?

15 A. Yes.

16 Q. What is that?

17 A. It's what -- the epidemic is how --
18 you know, there's a lot going on, addiction, and
19 that they're using the fentanyl and heroin.

20 Q. Is that something from your
21 knowledge is occurring today?

22 A. It's still occurring.

23 Q. I can't remember if I asked you.
24 Have you worked with the Ohio Board of Pharmacy
25 in any of the investigations that you've done at

1 TDS?

2 A. I have.

3 Q. How many times?

4 A. Again, a handful, handful of times.

5 We utilize them. The aspect of how detailed
6 they're involved in our cases, I can't tell you,
7 but I know we have worked with them.

8 Q. You can't tell me because you're not
9 allowed to or can't tell me because you don't
10 know?

11 A. I can't tell you because I don't
12 remember how many they're involved with.

13 Q. What types of cases -- is there a
14 certain type of case in which TDS works with the
15 Board of Pharmacy?

16 A. More of your pharmacy -- pharmacist
17 investigations and pharmacy investigations,
18 yeah.

19 Q. Have you worked on any pharmacist
20 investigations?

21 A. I have.

22 Q. How many?

23 A. It would be a guess. Two to three.

24 Q. How about pharmacist investigations?

25 MR. LEDLIE: Objection. Just asked

1 and answered.

2 MR. BLOCK: No. I asked about
3 pharmacies first. Oh, I thought I did. I tried
4 to ask a different question. I'm sorry. Thank
5 you, James.

6 Q. Have you worked on any pharmacy
7 investigations?

8 MR. BENNETT: You can answer that
9 question yes or no only.

10 A. Yes.

11 Q. How many?

12 MR. BENNETT: You can answer that
13 question.

14 A. A few.

15 Q. And can you just describe at a very
16 general level what's the difference between a
17 pharmacist investigation and a pharmacy
18 investigation?

19 MR. BENNETT: You can answer that.

20 A. A pharmacist investigation would
21 be -- so he's not following protocol of what
22 they're -- of issuing -- say if there's a doctor
23 shopper, that kind of stuff, or if one is -- if
24 we're investigating a pharmacist for diverting
25 himself for own purposes, so taking the medicine

1 from the pharmacy.

2 Q. And then what's a pharmacy
3 investigation?

4 A. That would be the pharmacy not also
5 following protocol on, say, the proper
6 procedures that they're supposed to be doing to
7 stop doctor shoppers or that kind of stuff, not
8 reporting suspicious pills and that kind of
9 stuff.

10 Q. Have you ever worked on a pharmacist
11 investigation that resulted in a conviction?

12 MR. LEDLIE: Pharmacist is the
13 question?

14 MR. BLOCK: Yes.

15 MR. BENNETT: You can answer that
16 question.

17 A. I don't know if it's -- if it's
18 completed. And there's one pending. So they're
19 open.

20 Q. Have you ever worked on a pharmacist
21 investigation that resulted in an arrest, just
22 yes or no?

23 A. Yes.

24 Q. Have you ever worked on a pharmacy
25 investigation that resulted in a conviction?

1 MR. BENNETT: You can answer that
2 question yes or no only.

3 MR. LEDLIE: If you know.

4 MR. BENNETT: If you know.

5 A. The status of that case, I'm not
6 quite sure where it's at, so -- yeah, I don't
7 know.

8 Q. Have you ever worked on a pharmacy
9 investigation that's resulted in an arrest?

10 MR. BENNETT: You can answer that
11 question yes or no only.

12 A. Yes.

13 Q. Have you ever worked on a
14 pharmacy -- I'll come back to that one.

15 Can you hand me back 11 and we will
16 replace it? So, for the record, Exhibit 11,
17 which I previously identified for the record,
18 has now been redacted in some respects by DEA
19 DOJ, but the same Bates number. And I don't
20 remember if I got an answer to the question,
21 Detective Baker-Stella, of whether you recall
22 having this e-mail exchange with Lieutenant
23 Paolino that's reflected in Exhibit 11.

24 MR. BENNETT: Before she answers,
25 the United States will be requesting that this

1 document be clawed back and redacted as we've
2 provided here. We'll be making that request to
3 the City of Akron -- I'm sorry, to Summit
4 County.

5 MR. LEDLIE: Summit County will
6 honor that request.

7 A. Do I remember writing this?

8 Q. Yes.

9 A. Yes.

10 Q. And this was an e-mail you sent in
11 the ordinary course of your duties as a
12 detective at the Summit County Sheriff's Office
13 drug unit?

14 A. Yes.

15 Q. And the purpose of sending this
16 e-mail was the same as Exhibit 7 through 10 that
17 we've been discussing?

18 A. Updating.

19 Q. The steroid case -- I just want to
20 confirm, steroids are not opioids, right?

21 A. That's correct.

22 Q. And cannabinoids are not opioids?

23 A. No.

24 Q. They are not?

25 A. Not opioids, unless they're mixed

1 with it, yes.

2 Q. So at least in 2013, in June, at
3 least two of the five cases that you were
4 working on did not involve opioids; is that
5 right?

6 MR. BENNETT: Objection.

7 A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

11 - - - - -

12 (Thereupon, Baker-Stella Deposition
13 Exhibit 12, E-Mail String Bates
14 Numbered SUMMIT_000037561, was
15 marked for purposes of
16 identification.)

17 - - - - -

18 Q. Exhibit 12 is an e-mail from Captain
19 Paolino to Inspector Rhoades forwarding an
20 e-mail from Detective Baker-Stella to both --
21 I'm sorry, the e-mail from you is December 20th,
22 2017. The Bates label is SUMMIT_000037561. Do
23 you recall sending your note to Sergeant Hunt --
24 sorry, Captain Paolino? And I don't know who
25 Stacy Milkey is.

1 MR. BENNETT: Objection. This is a
2 document that I believe this is the first time
3 that I am seeing, it was not listed in the
4 documents previously requested to be clawed back
5 or documents identified by defense counsel as
6 being used today. Upon review of this document,
7 we believe it contains confidential Department
8 of Justice information and will be seeking to
9 claw back and redact this document.

10 MR. LEDLIE: In its entirety?

11 MR. BENNETT: It looks like there's
12 information based on the Special Master's
13 previous rulings that will be allowed to remain
14 that I don't believe we will object to being
15 disclosed, but we will need to redact portions
16 of this as law enforcement sensitive and
17 potentially ongoing investigations.

18 MR. BLOCK: Let me ask three
19 questions. I don't think they have to do with
20 anything you might be worried about, reserving
21 all rights.

22 Q. But my first question, do you know
23 who Stacy Milkey is?

24 A. She's the secretary for the drug
25 unit, Summit County drug unit.

1 Q. And the e-mail that you sent to
2 Sergeant Hunt, Ms. Milkey and Captain Paolino,
3 you sent that in the ordinary course of your
4 duties as a Summit County Sheriff's Office
5 detective?

6 A. I do send them sometimes to her
7 because they don't get them and this way she
8 makes sure they end up on her desk.

9 Q. But that's part of the ordinary
10 course of your duties is sending these updates?

11 A. Yes.

12 Q. And there's a reference to a log.
13 Do you see that in the first sentence? Is that
14 your overtime log?

15 A. The last week -- last week the log
16 was doing OARRS -- as in if I didn't do one last
17 week, I'm giving him my log of what I did, so I
18 was just updating him on what I didn't give him
19 last week.

20 Q. I just wanted to know, just in
21 general terms, not about anybody specifically,
22 what's an OARRS investigation?

23 A. A doctor shopper. That would be an
24 OARRS investigation.

25 Q. And then you attend -- it says,

1 "Attended the last quarter opiates meeting."

2 What is that?

3 A. I'm part of the opiates task force,
4 and that was -- they do quarterly meetings and I
5 attended that meeting. We always make sure --
6 I'm the representative for Summit County to
7 attend those meetings, so I just updated them.

8 Q. And then it says, "And the ADM
9 Board." What's the ADM Board?

10 A. It's the drug and mental health
11 board, so it's all connected.

12 Q. Connected to the opiate task force?

13 A. Yes.

14 Q. And so without getting into the
15 specifics of how you use it, you use OARRS in
16 connection with your work at the TDS?

17 A. Yes, I do.

18 Q. And you use it in doctor shopping
19 cases?

20 A. Yes, I do.

21 Q. Do you use OARRS in any other kinds
22 of cases?

23 A. Investigating physicians.

24 Q. And am I correct that OARRS can give
25 you patient level information in terms of what

1 individual patients are receiving from doctors?

2 A. Yes, that is correct.

3 Q. And is that level of information,
4 that patient level of information, something
5 that is necessary in terms of doing an
6 investigation into doctor shopping?

7 MR. LEDLIE: Object to form.

8 MR. BENNETT: Objection. Vague.
9 You can answer.

10 A. It's a tool that we use to start the
11 investigation on -- and, again, the OARRS whole
12 unit as a whole is only as good as the person
13 entering it, so it's just a tool that we use,
14 and then obviously I can't get into then how we
15 go and check to make sure that information is
16 correct, but we do.

17 Q. Have you worked on any doctor
18 shopping investigations that did not involve use
19 of OARRS to some extent?

20 A. Doctor shoppers, no, I have not.

21 Q. Have you worked on any
22 overprescribing cases -- let me ask you this:
23 Have you worked on any overprescribing cases, so
24 doctors who are overprescribing, that involved
25 the use of OARRS in some way?

1 MR. BENNETT: You can answer that.

2 A. Yes, I have.

3 Q. Have you worked on any
4 overprescribing cases that didn't involve the
5 use of OARRS?

6 A. I personally have not. I always use
7 OARRS.

8 Q. And can we agree that the patient
9 level information -- not going into how you use
10 it, but the patient level information that you
11 can get from OARRS is valuable in terms of
12 investigating doctor overprescribing?

13 MR. LEDLIE: Objection. Vague.

14 MR. BENNETT: Join the objection.

15 A. You say it's vague?

16 Q. No. They did.

17 A. Sorry.

18 Q. I said is it valuable.

19 A. Yes, it is valuable.

20 Q. And can we agree that it would be
21 very difficult to reach a determination about
22 overprescribing without being able to get some
23 access to patient level data?

24 A. Break that down. That was
25 multiple --

1 Q. No, it wasn't. All right.

2 Can we agree that it would be
3 difficult to reach a determination about
4 overprescribing without having access to patient
5 level data?

6 MR. LEDLIE: Objection. Vague.

7 A. I would say it helps me. It
8 definitely helps. I would have to utilize some
9 other form of -- to get that information, but it
10 is definitely an asset.

11 Q. Now, OARRS -- as I understand, OARRS
12 also has prescriber level data?

13 A. It does.

14 Q. And do you use prescriber level data
15 in doctor shopping investigations?

16 A. The prescriber -- no, I do not.

17 Q. Do you use prescriber level data in
18 doctor overprescribing investigations?

19 A. It's one of the things we look at.

20 Q. And can you think of a -- have there
21 been any doctor overprescribing investigations
22 that you've worked on where you didn't use
23 prescriber level data at least in part in the
24 investigation?

25 MR. BENNETT: You can answer yes or

1 no.

2 A. No, not that I'm aware of.

3 Q. So we can agree that the prescriber
4 level data in OARRS is valuable to
5 overprescribing investigations?

6 MR. BENNETT: Objection. Vague.

7 A. Yes.

8 Q. I can't remember. Do you use ARCOS
9 data, you personally, Detective Baker-Stella?

10 A. I do not.

11 Q. Do you know whether ARCOS data has
12 ever been used in any of the investigations that
13 you've worked on at TDS?

14 A. ARCOS data has been used in cases
15 that we work within the unit.

16 Q. And how is it used? At a very
17 general level, what is it used for?

18 MR. BENNETT: Objection. Scope.

19 You can answer at a general level.

20 A. I really don't have all the
21 knowledge on ARCOS, so I could not give you a
22 good answer on that.

23 Q. In any overprescribing investigation
24 that you've worked on, have you -- do you know,
25 have you alerted any pharmacies to the fact that

1 you think the doctor is overprescribing, like
2 warning we're not sure but we don't think you
3 should fill any more scripts for this person?

4 MR. BENNETT: Objection. Scope.

5 You're not authorized to disclose
6 non-public specific DEA activities and
7 investigations. To the extent that you sent out
8 general warnings or there's publicly disclosed
9 information, you may answer.

10 A. I cannot answer that.

11 MR. BLOCK: Your Honor, then I need
12 a ruling on that objection. To the extent it's
13 got any basis, it would appear to be -- I don't
14 understand -- Touhy, which we don't agree with,
15 and --

16 MR. BENNETT: May I --

17 MR. BLOCK: -- law enforcement
18 privilege is not -- you know, I'm just trying to
19 figure out do they warn the pharmacies that they
20 --

21 SPECIAL MASTER COHEN: You guys have
22 to speak one at a time for the court reporter
23 and for me.

24 MR. BENNETT: If you want to ask her
25 do they generally warn pharmacies, I would

1 withdraw the objection. That was not my
2 understanding. The fact that in any case she
3 had a discussion with the pharmacy to say, hey,
4 look out for this particular doctor, would be
5 something that I would tell her she would not be
6 able to answer unless that's been made public.
7 But I don't know what her answer is going to be.
8 So if you're just asking do you generally warn
9 pharmacies, then I would withdraw my objection.

10 Q. If you're investigating a doctor for
11 overprescribing, do you generally warn
12 pharmacies that the doctor may be, you know,
13 fishy?

14 MR. BENNETT: Objection. Form.
15 You can answer.

16 A. Yes.

17 Q. How do you warn the pharmacies that
18 the doctor may be -- there's an investigation,
19 you haven't decided whether he's
20 overprescribing? How do you warn the
21 pharmacies --

22 THE WITNESS: I'd like to speak with
23 you.

24 (Recess had.)

25 MR. BENNETT: Counsel, thank you for

1 the opportunity to speak to the witness in the
2 hallway. I believe, after talking to her, that
3 she may not have understood your question about
4 generally sending out warnings.

5 MR. BLOCK: Yes.

6 MR. BENNETT: And I believe she
7 needs it reasked and she can answer it now that
8 we've had an opportunity to talk.

9 MR. BLOCK: I blame your
10 instruction.

11 MR. BENNETT: Everybody blames me,
12 and you'd be right to do so.

13 Q. Detective Baker-Stella, I was trying
14 to figure out if you've got an investigation
15 going into a doctor who may or may not be
16 overprescribing, is it the common practice to
17 alert pharmacies that you all think there might
18 be something fishy going on with that doctor?

19 A. [REDACTED]

20 Q. How about manufacturers; do you
21 alert manufacturers of prescription opioids that
22 you're investigating a doctor that you think
23 might be overprescribing?

24 MR. BENNETT: Generally.

25 MR. BLOCK: Generally.

1 A. That, actually, is a different
2 division within our unit. I don't really have
3 that information. I don't really investigate
4 those.

5 Q. When you say it's a different unit,
6 what do you mean?

7 A. Our diversion, our actual diversion
8 unit investigates the manufacturers.

9 Q. And how about is it your general
10 practice to alert distributors of prescription
11 opioid medication when you're investigating a
12 physician who you think may be overprescribing?

13 A. No.

14 Q. Have you ever in your work at TDS --
15 do you know what a suspicious order report is?

16 A. Yes.

17 Q. In your work at TDS on any
18 investigation have you ever used a suspicious
19 order report?

20 A. Not that I can recall.

21 MR. BLOCK: Can we do them and then
22 you can redact them?

23 MR. BENNETT: I'm okay with
24 substituting the exhibit as long as you're not
25 asking about any of the things that the Special

1 Master has said we can redact, but I'm not sure
2 you know which ones we can and can't redact yet.

3 MR. BLOCK: I do on these two, on
4 tab 14 and tab 15.

5 MR. BENNETT: Let's see how we can
6 go.

7 - - - - -

8 (Thereupon, Baker-Stella Deposition
9 Exhibit 13, E-Mail String Bates
10 Numbered SUMMIT_001132316, was
11 marked for purposes of
12 identification.)

13 - - - - -

14 Q. Exhibit Number 13 is an e-mail from
15 Carmen Ingram to you dated 1-19-2017,
16 SUMMIT_001132316, and I just wanted to -- do you
17 recall receiving this e-mail from Ms. Ingram?
18 Is it Detective Ingram?

19 MR. BENNETT: Objection.

20 The United States has requested that
21 this document be clawed back. We understand the
22 Special Master's ruling in this case. We
23 reserve our rights to revisit at a later time
24 whether the entire document should be clawed
25 back or whether there should be additional

1 redactions.

2 With that reservation of rights, you
3 can answer the question that was asked.

4 Q. Which is do you recall getting the
5 e-mail -- sending the e-mail to Carmen and
6 getting her response?

7 A. Just from seeing it here, you know,
8 it brought back that I wrote it, yes.

9 Q. And you sent the information to the
10 folks at Summit County Sheriff's Office in the
11 ordinary course of your duties as a Summit
12 County Sheriff's Office detective?

13 A. Yes.

14 Q. And is it correct that you were
15 involved in the first confirmed carfentanil
16 arrest for the TDS?

17 MR. BENNETT: Objection. Scope.

18 To the extent that this is
19 non-public DEA investigations or activities, you
20 are not authorized to answer. If this is a case
21 that has been charged and publicly disclosed,
22 then you may answer whether you've been involved
23 in it or not.

24 THE WITNESS: I don't know if this
25 is completely over.

1 MR. BENNETT: Has it been charged
2 and publicly disclosed?

3 THE WITNESS: It has been charged.

4 MR. BENNETT: Then you can answer
5 whether you were involved.

6 A. Yes, I was involved.

7 Q. Have you worked on any cases
8 involving carfentanil that's manufactured by a
9 licensed manufacturer of carfentanil?

10 MR. BENNETT: Objection. Scope.
11 You can answer that question yes or
12 no only.

13 Q. Let me try and ask it a different
14 way.

15 The carfentanil cases that you've
16 worked on, is this illicit carfentanil?

17 MR. BENNETT: Objection.

18 Same instruction.

19 A. Yes.

20 Q. Thank you.

21 - - - - -

22 (Thereupon, Baker-Stella Deposition
23 Exhibit 14, E-Mail from Lori A.
24 Baker-Stella to M. Paolino and P.
25 Hunt Dated April 5, 2017 Bates

1 Numbered SUMMIT_000074835, was
2 marked for purposes of
3 identification.)

4 - - - - -

5 Q. And Exhibit 14 is an e-mail from
6 Detective Baker-Stella to Captain Paolino and
7 Sergeant Hunt dated April 5th, 2017. It bears
8 the Bates SUMMIT_000074835 and -- go ahead.

9 MR. BENNETT: I was going to say
10 this is the document we discussed prior to going
11 on the record that there were additional
12 redactions that the Special Master said that we
13 could make. I would ask that we make those
14 redactions.

15 MR. BLOCK: I will work with you as
16 soon as we're done here -- we're redacting some
17 initials that are on here, I agree with you, and
18 we'll make sure we do that before the court
19 reporter leaves.

20 MR. BENNETT: All right.

21 And then I also would indicate this
22 is a document we've requested that Summit County
23 claw back. We understand the Special Master's
24 ruling on this issue, but reserve the right to
25 seek either additional redactions or the entire

1 document be clawed back at a later point.

2 With that reservation, the detective
3 can answer your question.

4 Q. The first one was, do you recall
5 sending this e-mail?

6 A. Yes.

7 Q. You sent it in the ordinary course
8 of your duties as a Summit County Sheriff's
9 Office detective?

10 A. Yes, sir.

11 Q. And the purpose of Exhibit 14 was
12 the same as the other ones, to update your
13 supervisors at the Summit County Sheriff's
14 Office what you've been working on?

15 A. That's correct.

16 Q. And am I correct that sometimes the
17 Summit County Sheriff's Office reports some
18 statistics publicly based on cases that you're
19 working on in terms of drugs seized or dollars,
20 things like that?

21 MR. LEDLIE: Object to the form.
22 Foundation.

23 A. I give them, yes, statistics. What
24 they do with them, I don't know where they
25 report them.

1 Q. Do you know what type of case it was
2 that the FBI was also involved with, just
3 overprescribing, doctor shopping, something
4 different?

5 MR. BENNETT: Objection. Scope.

6 You are not authorized to disclose
7 the DEA activities or investigations that are
8 not public. To the extent that this case has
9 not been made public, any details about the case
10 is outside the scope of your authorization and
11 you're not authorized to answer.

12 MR. BLOCK: Well, as I understand,
13 there's currently a civil suit related to the
14 case so there's something public. I just want
15 to know what type of thing we're talking about.
16 I don't know if this is an opioid case or not,
17 so --

18 Q. Do you know if it's an opioid case?
19 Can I ask that?

20 MR. BENNETT: You can answer that
21 question yes or no only.

22 A. On the civil part of it?

23 Q. Any part of it.

24 A. Yes.

25 Q. And what type of -- is it a

1 diversion case?

2 MR. BENNETT: Objection. Scope.

3 You're not authorized to discuss
4 details of any specific non-public DEA
5 investigations or activities.

6 Q. Are you able to answer my question?

7 A. I don't believe I am.

8 Q. And I may not even need -- actually,
9 I'll probably want to mark this one for the
10 record.

11 - - - - -

12 (Thereupon, Baker-Stella Deposition
13 Exhibit 15, E-Mail from Lori A.
14 Baker-Stella Dated June 8, 2016
15 Beginning Bates Number
16 SUMMIT_001007719, was marked for
17 purposes of identification.)

18 - - - - -

19 Q. So Exhibit 15 is an e-mail with an
20 application for leave attached to it dated June
21 8, 2016. It bears the Bates label
22 SUMMIT_001007719 through 7721. I want to see if
23 this refreshes your recollection about a
24 heroin/fentanyl epidemic training.

25 My first question is whether you

1 recall sending this e-mail to your supervisors
2 at the Summit County Sheriff's Office.

3 A. I mean, again, it looks like the
4 reports that I had been sending. It refreshes
5 my memory a little bit by you handing it to me.

6 Q. Did you send it in the ordinary
7 course of your duties as a Summit County
8 Sheriff's Office detective?

9 A. Yes.

10 Q. In the update you mention that you
11 went to Quantico for diversion pharmaceutical
12 training?

13 A. So that was back in 2016. Yes.

14 Q. Is that the Quantico training that
15 we talked about at your last deposition?

16 A. Yes.

17 Q. That's like the DEA course at
18 Quantico; is that right?

19 A. Yes.

20 Q. So looking at this e-mail from June
21 of 2016, does that help you remember when you
22 did that course?

23 A. Yes.

24 Q. You would have done it in May or
25 June of 2016; is that right?

1 A. Yes. That would -- yes, because if
2 I'm updating here, it would have been real close
3 to this date.

4 Q. And then there's a reference to
5 attending training in Columbus for a
6 heroin/fentanyl epidemic the DEA did. Do you
7 remember attending that?

8 A. I do.

9 Q. Can you tell me the general subjects
10 that were discussed at the heroin/fentanyl
11 epidemic training?

12 A. I mean, it was long ago, but I'm
13 sure of the areas in which, you know, it's the
14 hardest -- I mean, it's 2016. I can't remember.
15 I'm just assuming.

16 Q. Have you been to any other
17 heroin/fentanyl epidemic training since then?

18 A. Not that I can honestly recall, but
19 again, I couldn't remember this one until you
20 gave it to me. I just knew I attended it.

21 Q. There's also a reference to a
22 training at OPOTA?

23 A. That's Ohio Peace Officer Training
24 Academy.

25 Q. For the Excel for public safety.

1 Did you go to that training?

2 A. Oh, yes.

3 Q. What's that about?

4 A. That's just learning the Excel
5 program and how to make it work for us and
6 organize and -- with all of our information and
7 data.

8 MR. BENNETT: Counsel, are you
9 finished with that document?

10 MR. BLOCK: I am.

11 MR. BENNETT: So this is a document
12 the United States has seen before. I know it
13 wasn't on your list, but I have seen it before.
14 We are going to request that Summit County claw
15 back and redact one line in this document. It
16 is not a line you asked the witness about, but
17 for the record, we will be asking for that to be
18 clawed back and redacted and we'll provide a
19 substituted redacted version.

20 MR. BLOCK: Just for purposes of
21 this deposition, without waiver of any of our
22 objections to the claw back, I'm fine if you
23 want to redact a line here when we finish and
24 the court reporter can -- so that we don't --
25 everybody reserving all rights, but it won't

1 slow down getting the transcript around.

2 MR. BENNETT: Sure.

3 Q. Detective Baker-Stella, is there an
4 opioid epidemic today in Summit County?

5 MR. BENNETT: Objection. Vague.

6 You can answer if you know.

7 A. My opinion?

8 Q. Sure. Your knowledge, either way,
9 however you want.

10 A. I believe -- my opinion is when we
11 still have people dying of overdoses and that,
12 there's still an epidemic and there's the pills
13 still being out on the streets.

14 Q. So when did that epidemic begin then
15 based on that opinion?

16 A. I can only give you my opinion on
17 that of when I started in 2013, February 2013,
18 with this unit; you know, within that time, a
19 couple years, is when it really started hitting
20 hard.

21 Q. Do you think the epidemic started at
22 some point while you've been at TDS so there was
23 no epidemic when you started at TDS?

24 A. No. I'm not saying that. What I'm
25 saying is for me to -- that I -- I really didn't

1 pay much attention because my -- I was elsewhere
2 and doing stuff, so this became a specialized
3 unit, which made me then focus on what was going
4 on with the epidemic going on with the opioids.
5 I'm in a specialized unit.

6 Q. So do you have an understanding of
7 when the -- do you have an understanding of when
8 that epidemic started?

9 MR. LEDLIE: Object to the form.

10 MR. BENNETT: Objection. Vague.

11 A. My opinion?

12 Q. Sure.

13 A. My opinion would be -- my opinion
14 only based on when I worked with the TDS is
15 within that time of working with the TDS.

16 Q. Does the epidemic include people who
17 are using illicit fentanyl?

18 A. My opinion, yes.

19 Q. And the epidemic includes people
20 that are using heroin?

21 A. Opinion, yes.

22 Q. And do you know, what are the
23 most -- is there diversion of prescription
24 opioids in Summit County today?

25 A. Yes.

1 Q. And do you know, what are the most
2 common forms of that diversion? Do you have a
3 sense as to what occurs more, overprescribing
4 versus doctor shopping versus forgery?

5 A. Again, my opinion of being in and
6 knowing what I know now -- ask the question
7 again.

8 Q. Yes.

9 What are the most common forms of
10 diversion of prescription opioids in northeast
11 Ohio?

12 A. I would say it started with the, you
13 know, prescription-based ones of your Oxys and
14 that.

15 Q. I think I'm trying to ask you a
16 slightly different question.

17 A. Okay. I'm sorry.

18 Q. What's happening -- is it more that
19 you've got people that are doctor shopping or
20 it's more that you've got doctors that are
21 overprescribing or it's more that there are
22 people forging prescriptions? Is one of those
23 happening more than the other in Summit County?

24 MR. BENNETT: Objection. Form.

25 A. We investigate all of that so it's

1 still continuing.

2 Q. Are you aware of any statistics
3 regarding the prevalence of diversion of
4 prescription opioids in Summit County? Is that
5 something TDS keeps?

6 A. I'm not aware of any. That's not my
7 department.

8 Q. Have you done any studies regarding
9 the prevalence of diversion of prescription
10 opioids in Summit County?

11 A. I personally have not.

12 Q. Have you done any investigation into
13 how common it is for a person to -- I'm sorry.

14 You're aware that there are people
15 in Summit County that are abusing prescription
16 opioids?

17 A. Yes.

18 Q. Have you done any research into how
19 common it is that the people who are abusing
20 prescription opioids first got the opioid from a
21 doctor in -- at some point got a valid
22 prescription for the opioid as opposed to they,
23 you know, got it from a friend or bought it on
24 the street?

25 MR. LEDLIE: Objection. Compound.

1 Vague.

2 You may answer.

3 A. My personal on that from
4 investigating and interviewing, my opinion is
5 yes, that's who I've spoken with, victims, that
6 have come to me as we speak. You know, they
7 started by legitimate, you know, injury, that
8 they were prescribed, and then it started there.

9 Q. You say "victims," but these are
10 people you're investigating for doctor shopping?

11 A. No. Like when I go to the opiate
12 task force and they will come up and talk to me,
13 victims of being addicts.

14 Q. Do they tell you specifically which
15 doctor gave them which prescription for which
16 medication for what medical purpose?

17 MR. BENNETT: Objection. Form.

18 A. No.

19 Q. Do you keep notes of these
20 conversations?

21 A. No.

22 Q. How many of these conversations have
23 you had?

24 A. I mean, people talk to me all the
25 time when -- they'll say, "Oh, hi, Deputy Baker.

1 How are you?"

2 Q. But I'm talking about particular
3 conversations where someone is telling you
4 they're abusing prescription opioids now because
5 at one point they got an actual prescription
6 from a physician.

7 A. No. Most of the time when they talk
8 to me, they're recovering addicts, so they're
9 not currently on it. If they were, I would try
10 to steer them in the right direction of where
11 they need to go for help.

12 Q. In terms of the number of those
13 conversations, how many of those have you had?

14 A. When I go to the meetings, I talk to
15 people all the time.

16 Q. Have you ever done any investigation
17 to confirm whether the person is telling you the
18 truth about whether they actually got a
19 prescription from a doctor versus borrowing it
20 from the brother or sister or cousin?

21 A. No. At that point they're not under
22 investigation. This is just talking with them.
23 I'm just giving them, you know, positive
24 enforcement of they're doing a good job because,
25 you know, they're not currently doing that.

1 Q. Have there been any changes to the
2 opioid epidemic that you've observed in Summit
3 County over the time that you've been at the
4 task force?

5 MR. LEDLIE: Objection. Vague.

6 A. I believe we still have an issue.
7 That's my own opinion. There's still an issue.

8 Q. I was just getting to whether things
9 had changed.

10 A. I don't -- yes. Our morgues aren't
11 as full. We don't have, you know, other units
12 coming in to house them while they're being
13 processed. So that's a change.

14 Q. That's a change for the better?

15 A. Yes.

16 MR. BLOCK: I'll yield the balance
17 of my time to Mr. Moylan, which I fear, Dan, is
18 five minutes. Sorry.

19 EXAMINATION OF LORI BAKER-STELLA

20 BY MR. MOYLAN:

21 Q. Detective, I think you testified
22 earlier that you can recall two to three
23 investigations of pharmacies as distinct from
24 pharmacists; is that correct?

25 A. Yes.

1 Q. And one of those investigations is
2 still active, correct?

3 MR. BENNETT: You can answer if
4 there's one of those three that are active.

5 A. Yes.

6 Q. And is it correct that the other
7 investigation or investigations is closed or
8 they're closed?

9 MR. BENNETT: You can answer that
10 question yes or no only.

11 MR. LEDLIE: If you know.

12 MR. BENNETT: If you know.

13 A. I do not know.

14 Q. So you're not aware of the outcome
15 of any other investigations than the one that's
16 currently active?

17 A. That is correct.

18 Q. And the one that's active, I think
19 you had mentioned that there was an arrest made
20 as part of that investigation; is that correct?

21 MR. LEDLIE: Objection. Misstates
22 testimony.

23 MR. BENNETT: Objection. Scope.

24 You're not authorized to disclose
25 non-public facts or information regarding

1 ongoing, active investigations.

2 A. Yeah.

3 Q. So am I incorrect that you had
4 testified earlier that an arrest was made as
5 part of that active pharmacy investigation?

6 MR. BENNETT: Objection. Scope.

7 To the extent you remember what your
8 testimony was, you can answer regarding your
9 testimony.

10 A. I don't remember my testimony on
11 that.

12 Q. And so my recollection -- maybe it's
13 incorrect -- was that you had testified that an
14 arrest was made as part of that active pharmacy
15 investigation; is that correct?

16 MR. BENNETT: Objection. Asked and
17 answered. Objection. Form.

18 You're answering regarding what your
19 testimony was and not facts of the
20 investigation.

21 Q. To ask it again, my recollection was
22 that you testified that an arrest was made as
23 part of the active pharmacy investigation. Is
24 that correct?

25 A. I don't remember. If you could

1 bring it up.

2 Q. Was there an arrest made as part of
3 the active pharmacy investigation that you could
4 recall?

5 MR. BENNETT: Objection. Scope.

6 You're not authorized to disclose
7 facts or circumstances of an ongoing
8 investigation that have not been made public.
9 To the extent that there is public disclosure of
10 an arrest and charges, you may say that there
11 are arrests and charges, but you may not provide
12 non-public arrest information.

13 THE WITNESS: Can I speak with you
14 just real quick?

15 MR. BENNETT: Yes.

16 (Recess had.)

17 MR. BENNETT: So after speaking to
18 the witness, we have authorized her to disclose
19 certain information in response to your
20 question, and so I think she has an answer for
21 you in response to your question about an arrest
22 in one of the ongoing pharmacy cases.

23 A. Yes. In reference to that case, I'm
24 not quite sure if a warrant was issued and they
25 were actually arrested or if they fled the

1 country before the arrest. I hope that helps.

2 Q. It does. Thank you.

3 I'm going to ask you to turn back to
4 Exhibit 7. Look at that again briefly. Do you
5 have that in front of you?

6 A. I do, yes.

7 Q. In the bottom paragraph from Joseph
8 Black, the second paragraph refers to a packet
9 from Walgreens in response to his subpoena.

10 Do you see that?

11 A. I do.

12 Q. Did you have any contact with the
13 Walgreens personnel in connection with that
14 subpoena?

15 MR. BENNETT: Objection. Scope.

16 You're not authorized to disclose
17 information regarding ongoing, active
18 investigations. To the extent that this --

19 MR. BLOCK: We already established
20 this was the Webb case, which has led to a
21 conviction.

22 MR. BENNETT: Okay. I didn't
23 remember that. To the extent it's a publicly
24 disclosed fact, which counsel is representing is
25 the [REDACTED] case, then you may answer the question.

1 A. Yes, I did.

2 Q. Do you remember who that was?

3 A. No, I do not.

4 Q. Do you believe that the information
5 that was received from Walgreens assisted in the
6 [REDACTED] investigation?

7 A. Absolutely.

8 Q. Would you agree that this is an
9 example of cooperation from a pharmacy in a law
10 enforcement investigation?

11 A. Yes, I do.

12 Q. If we could turn to Exhibit 8. Do
13 you have that in front of you?

14 A. I'm looking. Yeah, 8.

15 Q. The first paragraph, the first block
16 of text ends with the sentence that "The case
17 was assigned from one of our pharmacies in
18 Green." Do you know which pharmacy that refers
19 to?

20 A. I want to say it's -- I want to say
21 it's a [REDACTED] [REDACTED] [REDACTED] in [REDACTED].

22 Q. And the --

23 MR. BENNETT: Objection.

24 I understand this to be an active
25 and ongoing case and I would move to strike that

1 answer if the name of the person was -- or the
2 name of the pharmacy was a target of that
3 investigation.

4 Q. Do you know if the name --

5 MR. BENNETT: So she's saying it was
6 not a target of the investigation.

7 Q. Was this an instance where the
8 pharmacist at the Walgreens came forward with
9 information related to the investigation?

10 A. That is correct.

11 MR. BENNETT: Objection.

12 You're not authorized to disclose
13 confidential sources. To the extent that this
14 is not a confidential source, you can answer.

15 A. Not a confidential source, and yes,
16 they did.

17 Q. The last exhibit that I wanted to go
18 through with you is Exhibit 10. Do you have
19 that in front of you?

20 A. I do.

21 Q. There's a reference in this e-mail
22 that you sent to awaiting a video from CVS to
23 charge a case for Franklin PD. Can you recall,
24 did you receive that video from the CVS?

25 MR. BENNETT: Objection.

1 To the extent that this is
2 cooperation by CVS providing you their video,
3 you may answer. To the extent this is some
4 other surveillance technique, you are not
5 authorized to answer.

6 A. I do not recall if I received that.

7 MR. MOYLAN: That's all the
8 questions I have.

9

10 (Deposition concluded at 1:04 p.m.)

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1 Whereupon, counsel was requested to give
2 instruction regarding the witness' review of
3 the transcript pursuant to the Civil Rules.

4

5 SIGNATURE:

6 Transcript review was requested pursuant to
7 the applicable Rules of Civil Procedure.

8

9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

12

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REPORTER'S CERTIFICATE

The State of Ohio,)

) SS :

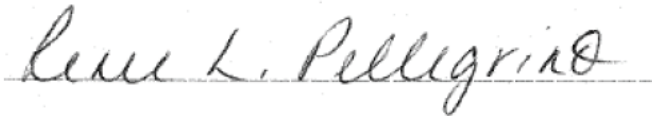
County of Cuyahoga.)

I, Renee L. Pellegrino, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, LORI BAKER-STELLA, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not a
2 relative, counsel or attorney for either party,
3 or otherwise interested in the event of this
4 action.

5 IN WITNESS WHEREOF, I have hereunto set
6 my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 29th day of May, 2019.
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9

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11 
12

13 Renee L. Pellegrino, Notary Public
14 within and for the State of Ohio
15

16 My commission expires October 12, 2020.
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Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

May 29, 2019

To: James Ledlie, Esq.

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3389778

Witness: Lori Baker-Stella Deposition Date: 5/23/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3389778

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 5/23/2019

WITNESS' NAME: Lori Baker-Stella

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date Lori Baker-Stella

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3389778

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 5/23/2019

WITNESS' NAME: Lori Baker-Stella

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date Lori Baker-Stella

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 3389778

PAGE/LINE(S) / CHANGE /REASON

Date Lori Baker-Stella
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____ .

Notary Public

Commission Expiration Date

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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